

1074


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 12 AM 8:00

DOCUMENT # N95000000132

1. Entity Name
AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.




Principal Place of Business
**325 S CLARA AVE
DELAND, FL 32721-1319**

Mailing Address
**P O BOX 1319
DELAND, FL 32721-1319**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country



01132004 Chg-NP CR2E037 (10/03) *MRS*

4. FEI Number
59-3277908

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, IRENE D
2137 LAKEBREEZE WAY
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAXWELL, JOHNSON	
STREET ADDRESS	2137 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMOKES, CARRIE B	
STREET ADDRESS	721 S STONE ST	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	S	<input type="checkbox"/> Delete
NAME	JABBS, LORETTA	
STREET ADDRESS	2714 LONE FEATHER DR	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, HENISHA	
STREET ADDRESS	3340 GEORGE SAULS STREET	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	TR	<input type="checkbox"/> Delete
NAME	JAMES, PATRICIA H	
STREET ADDRESS	2171 VANCE ROAD	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, IRENE D.	
STREET ADDRESS	2137 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA, FL 32738	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100027767211
01/29/04--01024--001 **\$61.25

~~01/29/04 01024--001 **\$61.25~~

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *See sheet attached*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

~~XXXXXXXXXX~~
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Document Number

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Business Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

FEI Number

59327790E

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address

325 S CLARA AVE

Suite, Apt. #, etc.

City, State

DELAND

FL

Zip Code & Country

32720

US

Mailing Address

Address

P O BOX 1319

Suite, Apt. #, etc.

City, State

DELAND

FL

Zip Code & Country

327211319

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

JOHNSON

IRENE

D

-or- RA Business Name

Address

2137 LAKEBREEZE WAY

Suite, Apt. #, etc.

City, State

DELTONA

FL

Zip Code & Country

32738

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

~~384~~
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Business Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

484

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *Irene D. Johnson*

Officer/Director Signature